

# Treating PTSD During the COVID-19 Virus Outbreak

**Sonya Norman, PhD**

**Lisa-Ann Cuccurullo, PsyD**

**Marianne Silva, LCSW**

**Sadie Larsen, PhD**

**Kelly Phipps Maieritsch, PhD**



National Center for

**PTSD**

POSTTRAUMATIC STRESS DISORDER

March 2020



**VA**  
HEALTH  
CARE  
Defining  
**EXCELLENCE**  
In the 21st Century

# PTSD Consultation Program



Sonya Norman, PhD,  
Program Director



Abigail Angkaw, PhD



Nancy Bernardy, PhD



Lisa-Ann Cuccurullo,  
PsyD



Matthew J. Friedman,  
MD, PhD



Jessica Hamblen, PhD



Paul Holtzheimer, MD



Sadie Larsen, PhD



Kelly Phipps Maieritsch,  
PhD



Elissa McCarthy, PhD



Todd McKee, MDiv,  
Program Manager



Macgregor Montaña,  
PharmD, BCPP, Clinical  
Pharmacy Specialist



Marianne Silva, MSW



Patricia Watson, PhD



PTSD  
Consultation  
Program

FOR PROVIDERS WHO TREAT VETERANS



[PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)



(866) 948-7880



[www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)

# Agenda

1. Questions, Considerations and Strategies
2. Specific Therapies  
PE, EMDR, CPT
3. Updates from the PTSD Mentoring Program Director

# PART ONE

## Questions, Considerations, and Strategies



Sonya Norman, PhD



# So Many Questions

- How is COVID-19 affecting my patient?
- Existing patients – Pause therapy? Continue therapy?
- New patients – Is this a good time to treat PTSD?
- What about my groups?

**How do you treat PTSD when anxiety, isolation, avoidance and hypervigilance are the norm?**

# Logistic Concerns Related to the Virus

- Childcare
- Financial uncertainty
- Caretaking
- Isolation, quarantine
- Shortages
- Loss of routine, possibly avoidance strategies
- Loss of normal coping/enjoyable activities





# Emotional/Behavioral Concerns Related to the Virus

- Feeling unsafe – health, society
- What if I get sick? What if someone I love gets sick?
- Anger
- Loneliness
- Uncertainty
- Being home with family may raise intimacy/relationship issues
- Boredom, loss of avoidance strategies
- Grief
- Symptom exacerbation, increased substance use

# Maslow's Hierarchy of Needs





# But Some Experience...

- Sense of community
- Mission to help others
- Feeling more equipped to manage this than others
- Empowered, energized

# PTSD Treatment: Continue? Pause? Integrate?

- What is the patient telling you?
  - What are their presenting concerns? What has changed?
  - Can they engage in a protocol at this time?
- Shared decision making... with contingency planning
  - What does the patient want and why?
  - What are the pros and cons of each option?
  - Are they willing to be flexible as things continue to unfold?
  - Are there logistic issues in the way?
  - Consider that EBP's are the most effective tool we have
- Continue to observe, use measurement-based care and check in

# Video Psychotherapy Compared to In-Person

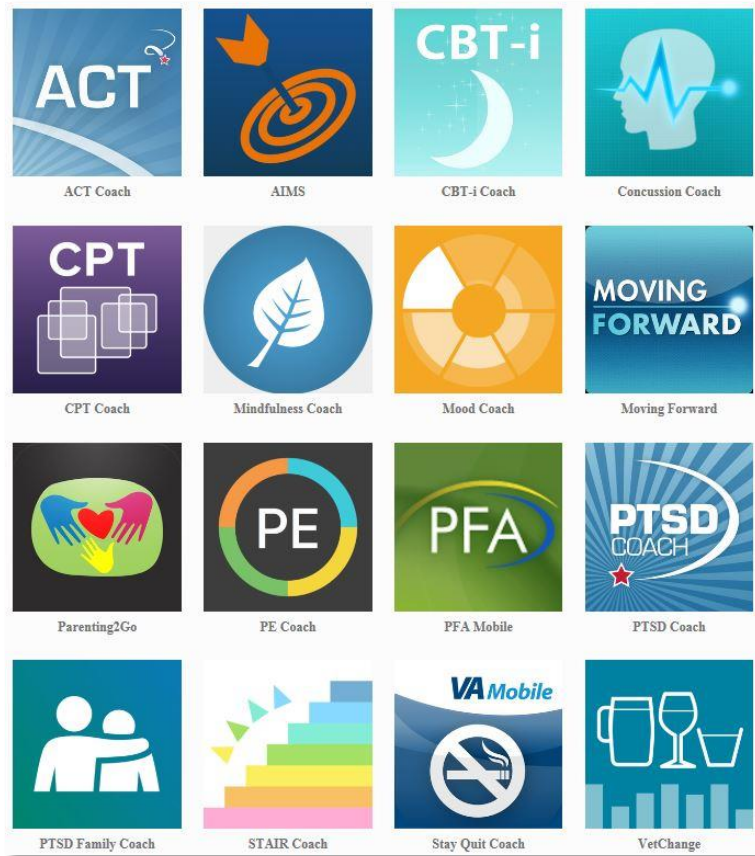
- PE, CPT, CBT-I have been studied and found non-inferior
- No published trials of EMDR yet
- Studies show patients like video psychotherapy
- Clinicians may initially have concerns but overall like it as well
- 2017 VA/DoD Clinical Practice Guideline for PTSD recommends using video technology for trauma focused treatments that have been shown to be non-inferior



# In All Cases...

- How can you apply skills learned in therapy to this situation?
- How are common trauma related beliefs affected?
- Address safety
- Help your patient have a plan to stay connected, supported
- Help find alternative coping strategies
- Continue team based care if possible
- Continue to assess symptoms and needs
  - Does your patient need additional services? Another level of care? Crisis line info?
- Self-help tools

# Mobile Apps



- Apps are focused on PTSD, related health problems (e.g., insomnia, alcohol use, etc.), or general well-being.
- There are [apps](#) for patients, providers, and for use with patient-provider dyads.

# Online Self-help Tools

A banner for VetChange featuring a man in a yellow shirt sitting at a desk with a laptop and papers. The text 'VETCHANGE' is in the top left. To the right, a dark blue box contains white text.

**VETCHANGE**

Manage your drinking with this free online program built for Veterans and Servicemembers.

Learn more >>

[VetChange](#) helps users set goals and work at their own pace to cut down on their drinking and deal with stress symptoms.

A banner for PTSD Coach Online. The top half has a blue background with white text. The bottom half has a light gray background with a list of symptoms and a 'GET STARTED' button. On the right, there is a photo of a field with tall grass and a black box with white text.

**PTSD COACH ONLINE**

Self-help tools build coping skills.

Learn to manage troubling symptoms following trauma, such as:

- sleep
- trauma reminders
- anger

Our video coaches will guide you.

Choose from 17 tools to help you manage stress.

GET STARTED

[PTSD Coach Online](#) offers a suite of 17 tools to help manage symptoms like sadness and anxiety.



# New Patients

- Why are they coming in now?
- Did the virus inspire them to come in or were they already in progress?
- Shared decision-making – is now the time?
- Prepare on the front end about how virus may disrupt treatment
- Continue to check in

# Group Treatment

- Is it possible to make the group virtual?
- Encourage group members to keep in touch virtually, build on their community
- Schedule short check in calls or emails with group members
- Provide resources
- Consider a planned break
  - keep appointments for a month or so out
- Plan what skills the patients will practice during the break

# Navigating the “Shared Experience”

- Checking your own reaction and assumptions
- When you are both impacted and reacting, how do you give your patient space for their processing?
- Is the patient pulling for your reaction?
- With what self-disclosure are you comfortable?
- Consider how to be genuine without going further than you'd like with self-disclosure
- You are in this together!

# PART TWO

Specific Therapies

PE

EMDR

CPT



# PART TWO

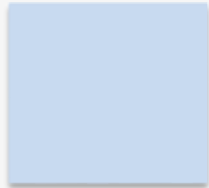
## Prolonged Exposure (PE)



Lisa-Ann Cuccurullo, PsyD



# Moving Forward and What to Do Next



Speak about skills that have been developed throughout the treatment thus far

- Maintaining gains
  - e.g.: Bon Jovi was on your hierarchy and you were able to complete it last week
- Living in the spirit of the treatment
  - When new opportunities arise that are in the spirit of the treatment seize those moments
  - Walking to the mailbox alone to get some air

Speak about things that might change the trajectory of treatment and begin to plan

- Children at home
- Limited privacy
- Identify skills they already have to help them get through stressful moments
  - Breathing
  - Previous successes in exposures



# Why is Exposure Helpful?

## Breaks the Habit of Avoidance

- Blocks negative reinforcement
- Activates the fear structure

## Facilitates Trauma Processing

- Organizes the memory

## Reduces Intense Emotion

- Habituation
- Inhibitory learning

## Promotes Cognitive Change

- The memory is not the same as recounting the memory
- The memory is not dangerous
- Situations I avoid are not dangerous

## Promotes Personal Mastery

- I can do it!

# “Out of an Abundance of Caution”



**Recognizing that avoidance of things that may be distressing to patients is currently being rewarded and supported**



**Understanding how to maintain fidelity to the treatment within the confines or social distancing, or quarantines**



**Acknowledging that some anxiety may be present for them over and above their PTSD distress; COVID19 can be a stress inducing event**

# Changes May Need to be Made



## Movement to telehealth

- Use Shared Decision Making to determine if the patient willing to transition to telehealth. If so,
- Making sure they have a place for sessions in their home
  - Think outside the box (car, shed)
- With children home is there privacy and childcare?

# Changes May Need to be Made



## Imaginal Exposures

### Therapist transitions:

If they seem over engaged check in on their SUDS more and cheerlead

If they seem under engaged prompt more to help connect them to the memory

Situations may be a trial and error process and roll with any distractions or interruptions and try to resolve issues for subsequent sessions

### Patient problem solve time for imaginal homework:

wake up early

parent coop-ing

# Changes May Need to be Made



## In Vivo Exposures

### Therapist transitions:

- What is appropriate for your location (high density of cases, current guidance)
- What patients do at home:
  - Look to YouTube for videos, music, pictures, and other sounds
  - Look to create smells from traditional household things
  - Examine what they may be avoiding in their “new” COVID19 life and explore those opportunities with them

### Patient problem solve time for in-vivo each day

- Can be done later in the day when children or other house residents are asleep

# Reassessment: When to Take a Hiatus from PE Using Shared Decision-Making

## Indicators:

- If the current health of a loved one requires care that can not be done concurrently with the treatment
- If the veterans current childcare/home schooling option does not leave them the time or the ability to remain compliant with the treatment
- If health related anxiety interferes with their ability to be present for exposures



# PART TWO

## Eye Movement Desensitization and Reprocessing (EMDR)



Marianne Silva, LCSW



# Eye Movement Desensitization and Reprocessing (EMDR)

Many elements taught in EMDR focus on helping Veterans develop skills to effectively manage distress, dysregulation and to build confidence and self-efficacy

Calm space

Future  
rehearsal

Container

TICES log

Nurturing  
figures

Breathing

Metaphors

Guided  
imagery

# EMDR Tools

Standardized protocols and procedures for special situations include:

- Resource Development and Installation
- Present Triggers and Future Templates
- EMD/EMDr
- Protocols for Recent Traumatic and Critical Incidents

# EMDR Tools

- Extended resourcing
  - Reinforce previous skills or introduce new ones
    - Future rehearsal – *“When you bring up that resource of having more hope, hold that and rehearse using it as you’re going through the bills.”*
- Cognitive interweaves to help process abreactions, blocking beliefs, or fears
  - Socratic questioning
  - Metaphors and analogies
  - Education
- Target blocks/new concerns until the adaptive belief has been formed
  - *“Things never work out for me” → “I have options and I’m still connected to treatment”*
  - *“I can’t handle this” → “I’m doing the best I can given the circumstances”*

# EMDR and Shared Decision Making

## Proceeding as usual

- Adjusting the target sequencing plan
- Anticipate and plan for changes to continue

## Pausing

- “Hanging out” in earlier phases
- Changing treatment modality
- Two-handed interweave

## Modifications

- Bilateral stimulation
- Responding to dissociative responses

# EMDR Takeaways

- Remind your patients of the skills they have and know
- Explore, normalize and validate to identify and process through distress as needed
- Offer options and ways to continue the work you've been doing through uncertain times
- The model is built for flexibility!



# PART TWO

## Cognitive Processing Therapy (CPT)



Sadie Larsen, PhD



# CPT – What are we teaching?

Teaching skills to challenge negative/unhelpful thought patterns

Can be applied to trauma-focused or daily stressors/thoughts

# CPT: Flexibility within the model

## Flexible length CPT stressor sessions

- “Reasons for the use of stressor sessions included death of family members, conviction and prison sentencing, job and housing losses, and other social and legal concerns.” (Galovski et al., 2012)
- Social and/or medical concerns: COVID-19-related
- Decision between:
  - Continuing CPT with stressor sessions
  - Continuing CPT without stressor sessions
  - Pausing CPT for the time being

# CPT: Managing a stressor session

## Engage in shared decision-making

- Offer a stressor session but don't presume that it is needed

Problem solve to help make sure basic needs are met

Continue to incorporate worksheets

# CPT: Impact of COVID-19

## Concerns/worry

- I worry that I will not be able to get the supplies my family needs.
- I am concerned not enough people are taking this seriously.
- I am at higher risk for death if I get sick.

## Stuck Points

- Assimilated
- Over-accommodated

# CPT: Identifying stuck points

## **Assimilation**

(about the past/trauma)

- Undoing (“If only, should have”) guilt or blame about trauma

## **Over-**

## **accommodation**

(about present and future)

- Conclusions, implications of trauma (“never, always, no one,” re: 5 themes)

# CPT: Assimilated Stuck Points

- Overexaggerated assignment of blame, guilt, and responsibility
- Reinforce and underlie the over-accommodated stuck point



# CPT: Over-Accommodated Stuck Points

## Trust

- “I can’t trust anyone”

## Safety

- “Isolation helps my PTSD”
- “Mistakes are intolerable and cause serious harm or death”

## Power/Control

- “There’s nothing I can do to protect myself.”
- “I must be in control to be safe.”

## Intimacy

- “It’s dangerous to be connected with other people.”

## Esteem

- “I deserve to be sick”

# Use CPT worksheets

- Are my thoughts realistic or helpful?
- Does your stuck point or concern include all-or-none terms?
- Where did this stuck point come from? Is this a dependable source of information on this stuck point?
- Jumping to conclusions or predicting the future.

# PART THREE

## Updates from the PTSD Mentoring Program Director



Kelly Phipps  
Maieritsch, PhD

# Logistics of providing care

- Telehealth
  - Guidance and best practices
    - APA/ATA Best Practices
    - VA: [PTSD Mentoring SharePoint](#)
      - Legal and regulatory issues
      - Standard operating protocols including emergency planning
      - Logistics (platforms, privacy, consent)
  - Measurement based care
    - Internal hospital/clinic platforms to share measurements (i.e, My HeatheVet, iPads)
    - Screen Share
    - Mobile Apps <https://www.ptsd.va.gov/appvid/mobile/index.asp>
  - Group delivery
    - Group size, privacy/consent

# Staying connected and informed

- Team-based care
  - Physical separations from teams who usually work in close contact might add to feelings of isolation
  - Essential to develop additional methods for team contact and communication
  - Leadership staying informed and providing clear information in light of evolving policies
- Consultation and Communities of Practice
  - [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov) or (866) 948-7880
  - PTSD Mentoring Program for VA providers

# Closing Thoughts



Sonya Norman, PhD



**SPEAK**  
with expert  
PTSD clinicians



**E-MAIL**  
PTSDconsult@  
va.gov



**CALL**  
(866) 948-7880



**ACCESS**  
free clinical  
resources



**PTSD Consultation Program**  
FOR PROVIDERS WHO TREAT VETERANS

## About the Consultants

- Experienced senior psychologists, psychiatrists, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from toughest clinical scenarios to general PTSD questions

## Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources
- Assessment
- Referrals
- Collaborating with VA on Veterans' care
- Developing a PTSD treatment program

## Available Resources [www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)

- Free continuing education
- PTSD-related publications
- Videos, educational handouts, and manuals
- PTSD and trauma assessment and screening tools
- Mobile apps, and more



[WWW.PTSD.VA.GOV](http://WWW.PTSD.VA.GOV)







PTSD Consultation Program  
FOR PROVIDERS WHO TREAT VETERANS

(866) 948-7880 or [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)

Due to the change in topic  
**continuing education credits**  
**are *NOT* available for today's lecture.**



# PTSD Consultation Program

FOR PROVIDERS WHO TREAT VETERANS

**(866) 948-7880 or [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)**



**Please enter your  
questions in the Q&A box  
and be sure to include your  
email address.**

***The lines are muted to avoid background noise.***



# PTSD Consultation Program

FOR PROVIDERS WHO TREAT VETERANS

**866-948-7880 or [PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)**

## UPCOMING TOPICS

**SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)**

### PLEASE NOTE

**“Massed Treatment for Veterans with PTSD” has been moved to August 19**

<b>April 15</b>	<i>How Do We Make Effective Treatment for PTSD More Effective?</i>	Paula Schnurr, PhD
-----------------	--------------------------------------------------------------------	--------------------

<b>May 20</b>	<i>Cognitive-Behavioral Conjoint Therapy for PTSD</i>	Candice Monson, PhD
---------------	-------------------------------------------------------	---------------------

<b>June 17</b>	<i>Using CogSmart with Veterans with PTSD and Traumatic Brain Injury</i>	Elizabeth Twamley, PhD
----------------	--------------------------------------------------------------------------	------------------------

<b>July 15</b>	<i>[To be determined]</i>	
----------------	---------------------------	--

<b>August 19</b>	<i>Massed Treatment for Veterans with PTSD</i>	Cynthia Yamokoski, PhD
------------------	------------------------------------------------	------------------------

<b>September 16</b>	<i>Treating Co-occurring PTSD and Anger</i>	Leslie Morland, PhD
---------------------	---------------------------------------------	---------------------

For more information and to subscribe to announcements and reminders go to  
[www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)



# PTSD Consultation Program

FOR PROVIDERS WHO TREAT VETERANS



[PTSDconsult@va.gov](mailto:PTSDconsult@va.gov)



(866) 948-7880



[www.ptsd.va.gov/consult](http://www.ptsd.va.gov/consult)